

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Evans 4729

State File No.

Registrar's No. 312

FILED APR 28 1944

Registration District No.

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 720 E. Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Margaret Ann Willigan

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Michael Willigan 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Dec. 14, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 3 28 hr. min.

9. Birthplace Laramie Wyoming
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name unk.
13. Birthplace unk. unk. 9
(City, town, or county) (State or foreign country)
14. Maiden name unk.
15. Birthplace unk. unk. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Willigan

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 10, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 4-7-44 (b) Dr. W. H. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 720 E. Walnut
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1944 hour 9 minute 10 a. m.

21. I hereby certify that I attended the deceased from March 4th
1944, to April 7th, 1944.

that I last saw him alive on April 7th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Infarct 2 old Duration
ap

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature P. L. Evans (M. D. or other)

Address Springfield, Mo. Date signed April 7/44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 26 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

L. Soobin Gorman

Licensed Embalmer No.

3177

P. O. Address

Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

X